VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2001-2002

INCIDENT INFORMATION

School Name: ____________________________

Location: Cafeteria Classroom Corridor
Other inside school School grounds Bus Building exterior District office
Other outside Receiving School

Date of Incident: ______________

Time of Incident: ______________

Bias incident: Yes No

Police notification: None Police notified, complaint filed Police notified, no complaint filed

Contact Name: ____________________________ Contact Phone #: ____________________________

INCIDENT DETAIL

Check the items which describe the incident and, if applicable, the type of weapon, bomb or substance.

VIOLENCE

Simple Assault
Aggravated Assault
Fight
Gang Fight
Robbery
Extortion
Sex Offense
Threat

Cost to LEA: $______________

VANDALISM

Arson
Burglary
Damage to Property
Fireworks Offense
Theft
Trespassing

SUBSTANCE ABUSE

Use
Possession
Distribution

SUBSTANCE ABUSE

Alcohol
Marijuana
Amphetamines
Club/Rave drug
Cocaine
Hallucinogens (e.g. LSD, PCP)
Narcotics (e.g. heroin, morphine)
Depressants (e.g. barbiturates, tranquilizers)

WEAPONS

EXPLOSIVE DEVICE

(detonated)

(detonated, but not possible)

FAKE BOMB (detonation not possible)

Bomb threat (no bomb found)

OFFENSE

Possession of Firearm
Assault with a Firearm
Sale or Transfer of Firearm
Assault with Other Weapon
Possession of Other Weapon
Sale or Transfer of Weapon

FIREARM TYPE

Handgun
Rifle or shotgun
BB, air or pellet gun

OTHER WEAPON TYPE

Knife, Blade
Pin
Chain, Club
Mace, Spray
Imitation gun
Other

OFFENDER (Check One):

[ ] Known – Attach Offender Page(s)
[ ] Unknown – Do not attach Offender Page

Signature 1 Title Date Signature 2 (principal) Date
Please complete the following information for EACH offender involved in the incident.

<table>
<thead>
<tr>
<th>OFFENDER TYPE</th>
<th>STUDENT ID NUMBER:</th>
<th>STUDENT NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular education student</td>
<td></td>
<td>(DISTRICT STUDENTS ONLY)</td>
</tr>
<tr>
<td>Student with a disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student from another district</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For district students only, check the items which describe any action taken regarding this offender.

OAL determination:  _____Yes  _____No  (FOR STUDENTS WITH DISABILITIES ONLY: See the User Manual for a definition of OAL.)

Disciplinary action taken:  _____None  _____Expulsion  _____Removal to alternative education  _____In-school suspension  _____Out-of school suspension  _____Other

Days suspended or removed:  [Blank]

If removed to alternative education program:  _____Homebound instruction  _____In-district alternative program/school  _____Other in-district setting  _____Out-of-district alternative program/school  _____Other out-of-district setting  _____County alternative education program

Individualized Education Program Services Received:  _____Yes  _____No  (FOR STUDENTS WITH DISABILITIES ONLY)

For district students only. Check the categories that describe the offender.

<table>
<thead>
<tr>
<th>OFFENDER GENDER</th>
<th>OFFENDER RACE/ETHNICITY</th>
<th>LEP:</th>
<th>Check if “Yes.”</th>
<th>Section 504:</th>
<th>Check if “Yes.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ Male</td>
<td>______ American Indian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ Female</td>
<td>______ Asian or Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>______ Black or African-American</td>
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<tr>
<td></td>
<td>______ Hispanic or Latino</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>______ White (Not Hispanic)</td>
<td></td>
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SPECIAL EDUCATION ELIGIBILITY CRITERIA

- _____ Autism
- _____ Deaf-blindness
- _____ Emotional disturbance
- _____ Hearing impairments
- _____ Multiple disabilities
- _____ Mental retardation
- _____ Other health impairments
- _____ Orthopedic Impairments
- _____ Specific learning disabilities
- _____ Speech language impairments
- _____ Traumatic brain injury
- _____ Visual impairments

Check the type of incident involving this offender:

- _____ Violence
- _____ Vandalism
- _____ Weapon
- _____ Substance Abuse
Please complete the following information for EACH victim involved in the incident.

<table>
<thead>
<tr>
<th>VICTIM TYPE</th>
<th>STUDENT ID NUMBER: __________________________</th>
<th>STUDENT NAME: __________________________</th>
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<tr>
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<td>System-Assigned</td>
</tr>
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<td>Student from another district</td>
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<td>Incident Number ________________________</td>
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For district students only. Check the categories that describe the victim.

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LEP: ____ Check if “Yes.”
Section 504: ____ Check if “Yes.”

SPECIAL EDUCATION ELIGIBILITY CRITERIA

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